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Bib Data Sheet

CONFIRMATION NO. 5392

<b>SERIAL NUMBER</b> 10/038,113	<b>FILING DATE</b> 12/31/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 361331-509
<b>APPLICANTS</b> Dilip Wagle, New York, NY; Martin Gall, Morristown, NJ; Stanley C. Bell, Narberth, PA; Edmond J. LaVoie, Princeton Junction, NJ;				
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/296,434 06/06/2001 AND CLAIMS BENEFIT OF 60/259,427 12/29/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 01/31/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	STATE OR COUNTRY NY	SHEETS DRAWING	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 1
<b>ADDRESS</b> 25561				
<b>TITLE</b> Method for treating glaucoma IVB				
<b>FILING FEE RECEIVED</b> 435	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			
<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit				